

# TRICARE

## Mental Health Benefit



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# Overview

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- **TRICARE: The Military Health System**
- **TRICARE Mental Health Benefit**
- **Extended Care Health Option**
- **Military OneSource**
- **Active Duty Considerations**
- **The Road Ahead**



# TRICARE

## The Military Health System

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- **A health care plan using military health care as the main delivery system**
  - Augmented by a civilian network of providers and facilities
  - Serving members of the uniformed services, their families, retired military, and their families worldwide
- **9.2 million beneficiaries**
  - 1.4 million active duty uniformed service members
- **\$25+ billion annual health care portion of the Defense Health Program budget**



# TRICARE

## The Military Health System

- **Three managed care support contractors in the US**
  - North: Health Net
  - South: Humana
  - West: Tri-West
- **Regional contractor responsibilities include:**
  - Establishment of provider networks
  - Operation of TRICARE service centers
  - Administrative support (enrollment, preauthorization, claims, etc. – but not TFL or pharmacy claims)
- **Regional contractors work with TRICARE regional offices under TMA guidance**





# TRICARE

## The Military Health System

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- **Entitlement program**
- **Consistent benefit throughout the system**
- **Types of health care that may and may not be provided in the Military Health System are defined by Congress**
  - Congressional visibility of and interest in the TRICARE program
    - *Beneficiary access to care they need*
    - *Assurance that beneficiaries receive high quality care*
  - Congressional interest in DoD
    - *Recruitment and retention of active duty, Reserve, and National Guard military members... and their families*



# DoD Mental Health

## Increasing Need for Services

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- **Active duty combat veterans**

- 14% of all troops who served in Iraq and Afghanistan experienced PTSD, depression or anxiety, but most didn't seek medical care for fear of being stigmatized
- PTSD prevalence as high as 19% (more than five firefights)
  - *Hoge et al, NEJM, 2004*
- As many as 30% have mental health problems (anxiety, depression, anger, and inability to concentrate) 3 - 4 months after coming home
  - *LTG Kevin Kiley, Army Surgeon General, July 2005*

- **Deployment can result in stress for the entire family**

- A significant proportion of TRICARE mental health users are spouses of active duty members or retirees with adult children serving in active duty status
  - *Meredith et al, RAND, 2005*



# TRICARE Mental Health Benefit

## Constraints

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- **TRICARE coverage of mental health is constrained by both statute and regulation.**
  - Title 10, U.S. Code:
    - *Inpatient mental health services may not exceed:*
      - 30 days in any year (patient 19 years of age or older)
      - 45 days in any year (patient under 19 years of age)
      - 150 days in any year (residential treatment center)
    - *Provision for waiver of these limits*
    - *Requirement for preauthorization of inpatient mental health services*



# TRICARE Mental Health Benefit

## Constraints

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- **TRICARE coverage of mental health is constrained by both statute and regulation.**
  - The Code of Federal Regulations:
    - *Authorized providers*
    - *Certification requirements for PHPs, SUDRFs, RTCs*
    - *Mandatory preauthorization / approval of continuation of inpatient services for mental health admissions*
    - *Mandatory preadmission authorization for all PHP admissions*
    - *PHP 60-day limit, subject to waiver*





# TRICARE Mental Health Benefit

## Constraints

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- **TRICARE can only provide coverage for treatments that are proven to be both safe and effective.**
  - The Code of Federal Regulations: “Any drug, device or medical treatment or procedure, the safety and efficacy of which have not been established, as described in paragraph (g)(15), is unproven and cannot be cost shared...”
  - (g)(15) defines reliable evidence as limited to:
    - *Well-controlled studies of clinically meaningful endpoints, published in refereed medical literature*
    - *Published formal technology assessments*
    - *Published reports of national professional medical associations*
    - *Published national medical policy organization positions*
    - *Published reports of national expert opinion organizations*



# TRICARE Mental Health Benefit

## Outpatient Mental Health

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- **Outpatient mental health services are covered when the following conditions are met:**
  - Services are medically or psychologically necessary for the treatment of mental disorders
  - Services are rendered by an authorized provider
  - Mental disorder is listed in DSM-IV-R and is of a severity not only to cause the patient distress but also to interfere with the patient's ability to carry out usual activities
- **Coverage includes:**
  - Individual psychotherapy, group therapy, crisis intervention, collateral visits, family therapy and psychoanalysis, psychological testing, medication management, etc.
- **Eight unmanaged behavioral health care visits**



# TRICARE Mental Health Benefit

## Authorized Individual Providers

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- **Without physician referral and oversight:**
  - Psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists may render behavioral health care services without physician referral and oversight.
- **With physician referral and oversight:**
  - Licensed mental health counselors, licensed professional counselors, and pastoral counselors may render behavioral health care services, but a letter of referral and oversight is required prior to the initial evaluation. This letter of referral must be submitted by a physician (MD or DO).



# **TRICARE Mental Health Benefit**

## **Partial Hospitalization Program**

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- **FY-92 Defense Authorization Conference Report directed Secretary of Defense to establish a partial hospitalization benefit. As a result, the PHP benefit, previously limited to treatment of alcoholism, was expanded to cover other mental health disorders.**
- **Partial hospitalization definition:**
  - A time-limited, ambulatory, active treatment program that offers therapeutically intensive, coordinated, and structured clinical services within a stable therapeutic milieu.
  - PHPs serve patients who exhibit psychiatric symptoms, disturbances of conduct, and decompensatory conditions affecting mental health



# **TRICARE Mental Health Benefit**

## **Partial Hospitalization Program Certification**

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- **TRICARE certification requirements include:**
  - JCAHO-accreditation
  - Participation agreement
  - Performance and payment provisions
  - Governance, staffing, and documentation standards
- **A recent comparative review of TRICARE certification requirements to JCAHO, CMS and AABH standards revealed significant differences in several areas:**
  - Staff composition and qualifications
  - Patient assessments
  - Program evaluation



# TRICARE Mental Health Benefit

## Exclusions

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- **Obesity counseling**
- **Sexual dysfunctions, paraphilias, and gender identity disorders**
- **Special education**
- **Unproven procedures, e.g.:**
  - Vagus Nerve Stimulation for Refractory Depression
  - Eye Movement Desensitization and Reprocessing (EMDR)
  - Rapid Eye Technology
- **Drug maintenance programs where one addictive drug is substituted for another on a maintenance basis**
- **Marriage counseling, grief counseling, etc. when there is no DSM-IV-R diagnosis**



# Extended Care Health Option

## Augmentation of TRICARE

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- **ECHO, previously known as the Program for Persons with Disabilities, was implemented on September 1, 2005:**
  - Supplemental program to TRICARE Basic Program
    - *\$2500 per month benefit*
    - *Special education, adaptive devices, etc.*
- **ECHO respite benefit:**
  - 16 hours per month break for primary caregivers
    - *"Dinner and a movie"*
- **Extended Home Health Care respite benefit:**
  - 8 hours per day, 5 days per week
    - *Sleep*



# Military OneSource

## Augmentation of TRICARE and Service Support

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- **A free 24x7 information and referral telephone service available worldwide to active duty, Reserve, and National Guard military members and their families**
- **Telephonic advice and counseling**
  - Unlimited calls
    - *Certified Employee Assistance Professionals, counselors, social workers, psychologists, and others*
- **Face-to-face counseling**
  - Six sessions per issue
    - *Focused on emotional well-being*
    - *Not intended to address mental illness, suicidal ideation, child or spouse abuse*
    - *Licensed, master's level counselors*





# Policy on Mental Health Services

## Active Duty

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- **Accession standards**

- Disqualifying conditions include:

- *Current, or history of, mental disorders that will interfere with or prevent satisfactory performance of military duty*

- **All mental health services for active duty must be preauthorized**

- Eight unmanaged visits not available to active duty

- **Screening of deployed active duty members**

- Pre- and post-deployment surveys

- *Designed to identify such problems as post-traumatic stress, depression, anxiety and substance abuse*

- Additional post-deployment reassessment of all troops who serve in Iraq and Afghanistan three to six months after they return home



# The Road Ahead

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- **Service members returning from Iraq and Afghanistan**
  - Continuation of efforts to de-stigmatize use of mental health services
- **Status of unproven procedures**
  - Periodic reassessment
- **Code of Federal Regulations and TRICARE Policy governing PHPs, RTCs, SUDRFs**
  - In-depth review and possibly revision of TRICARE certification requirements



# Point of Contact

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